

INTERNATIONAL PAPER

CINCINNATI TECHNOLOGY CENTER
6285 TRI-RIDGE BOULEVARD
LOVELAND OH 45140

T 513 248 6000
F 513 248 6455

RECEIVED
CENTRAL FAX CENTER

FEB 08 2006

CONFIDENTIAL FACSIMILE TRANSMISSION

To:	Commissioner for Patents
Fax:	571-273-8300
Tel:	
Date:	08 February 2006
RE:	Response to Final Office Action

Our File Ref.: TEC-023445-US

Your File Ref.: 10/662,699

No. of Pages: 22 (including this cover sheet)

<input type="checkbox"/> URGENT	<input type="checkbox"/> CONFIRMATION COPY FOLLOWS BY:	<input checked="" type="checkbox"/> NO COPY FOLLOWS
<input type="checkbox"/> FOR YOUR INFORMATION	<input type="checkbox"/> FIRST-CLASS U.S. MAIL	
	<input type="checkbox"/> OVERNIGHT MAIL	
	<input type="checkbox"/> INTERNATIONAL MAIL	

In response to the Office Action dated 09/08/2005, please find the following checked items:

- ☒ Cover letter, 1 sheet(s);
- ☒ Petition for Extension of Time Under 37 C.F.R. 1.136(a), Form PTO/SB/22, and one (1) copy thereof attached thereto, 1 sheet(s);
- ☒ Fee Transmittal, Form PTO/SB/17, 1 sheet(s);
- ☒ Response to Office Action (Including attachments, if any), 15 sheet(s) total;
- ☒ Request for Continued Examination Transmittal, Form PTO/SB/30, and one (1) copy thereof attached thereto, 1 sheet(s);
- ☐ Notice of Appeal to the Board of Patent Appeals, Form PTO/SB/31, and one (1) copy thereof attached thereto, sheet(s);
- ☐ Other:

Thank you,

[Signature]
 Certificate of Transmission Under 37 C.F.R. 1.8
 The undersigned hereby certifies that a true and accurate copy of the items checked above are being transmitted to the Honorable Commissioner for Patents, by facsimile transmission to the facsimile number indicated above, on this the 08 day of February, 2006.

[Signature]
 Thomas W. Barnes III

This facsimile transmission may contain confidential and/or legally privileged information from the law department of International Paper Company which is intended only for the use of the individual(s) named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying or distribution of this facsimile transmission is strictly prohibited. If you have received this transmission in error, please notify us immediately by phoning (513) 248-6207 so that we can arrange for the return of the documents. Thank you.

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4878).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$) **200.00****Complete if Known**

Application Number	10/662,699
Filing Date	09/15/2003
First Named Inventor	Agne Swerin
Examiner Name	1731
Art Unit	Mayes, Dionne Walls
Attorney Docket No.	TEC-023445-US

RECEIVED
CENTRAL FAX CENTER**FEB 08 2006****METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 09-0525 Deposit Account Name: INTL PAPER CO

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
30 - 20 or HP = 4	4	50	200

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =			

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =		/ 50 =	(round up to a whole number) x	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

SUBMITTED BY

Signature

Name (Print/Type) Thomas W. Barnes

Registration No.

(Attorney/Agent) 52,595Telephone 513-240-6736Date 2/8/06

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.